

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | T-2 | | 6-9-00 |
| O.I.P.E. CLASSIFIER | | 10 | 6-16-00 |
| FORMALITY REVIEW | C. Y. C. | TC 530 | 7-27-00 |
| RESPONSE FORMALITY REVIEW | LH | LC 105 | 9-12-00 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
= Allowed I Interference
- (Through numeral)..... Canceled A Appeal
+ Restricted O Objected

| Claim | Date |
|----------|---------|
| Final | |
| Original | |
| 1 | 11/1/00 |
| 2 | 11/1/00 |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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